

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kansas

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge	Deduct.	Coins.	Copay.	Amount and Basis for Determination
Ambulance nonemergency services	none	none	none	\$ 1.00 per trip	These copayments are all based upon the ranges specified in 42 CFR 447.54 and 447.55.
Ambulatory surgical center services	none	none	none	\$ 3.00 per visit	
Audio logical services (excluding batteries)	none	none	none	\$ 3.00 per date of service	
Community Mental Health Center Services	none	none	none	\$ 2.00 per individual psychotherapy visit	
Durable medical equipment, orthotics or prosthetics (excluding DME rental)	none	none	none	\$ 3.00 per item (claim)	
General hospital inpatient services	none	none	none	\$25.00 per admission	
General hospital nonemergency outpatient services in place of a doctor's office visit	none	none	none	\$ 1.00 per visit	
General hospital outpatient surgery	none	none	none	\$ 3.00 per surgery	
Home health services (excluding DME rental)	none	none	none	\$ 2.00 per skilled nursing visit	
Optometric services	none	none	none	\$ 2.00 per date of service	
Physician services	none	none	none	\$ 1.00 per office visit	
Podiatric services	none	none	none	\$ 1.00 per office visit	
Prescribed drugs	none	none	none	\$ 1.00 per new or refilled prescription	
Psychiatric free-standing inpatient facility services	none	none	none	\$25.00 per admission	
Psychological services	none	none	none	\$ 2.00 per office visit	

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In addition to services listed on page 1, the following copayment charges are imposed on the medically needy for the following services:

Category of Service	Copayment is Applied Per:	Copayment Amount
Ambulance, non-emergency	DOS	\$3.00
CMHC	Psychotherapy Visit	\$3.00
Dental	DOS	\$3.00
Dietitian	DOS	\$2.00
Federally Qualified Health Center	Encounter	\$3.00
Home Health Agency	Visit	\$3.00
Outpatient Hospital	Visit	\$3.00
Physician, Physician Assistant	Visit	\$2.00
Prescribed Drugs(Pharmacy)	New or Refilled Rx	\$2.00
Psychology	Visit	\$3.00
QMB	DOS	\$2.00
Rural Health Clinic	Encounter	\$2.00
General Hospital Inpatient Services	Per Admission	\$48.00

There are no deductible or coinsurance charges for the above services. The above charges are based on the ranges specified in 42 CFR 447.54 and 447.55.

JUN 29 1995

TN#MS-95-10 Approval Date _____ Effective Date 07/01/95 Supercedes TN#MS-95-03

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

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- B. The method used to collect cost sharing charges for medically needy individuals:
- [X] Providers are responsible for collecting the cost sharing charges from individuals.
- [] The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Recipients can assert that they are unable to pay copayment to the provider at the time of service. However, providers are notified they cannot refuse service due to the recipient's inability to pay.

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Approval Date 11/13/90

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b) are described below:

Edits and audits, within the Kansas Medicaid Management Information System, are in place to exempt recipients and services from copayment in accordance with 42 CFR 447.53 (b).

- E. Cumulative maximum on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

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SEPTEMBER 1985

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